

For calendar year 1998 or  
taxable year beginning \_\_\_\_\_, 19\_\_\_\_, and ending \_\_\_\_\_, 19\_\_\_\_.

Mail to: Arizona Department of Revenue, PO Box 29079, Phoenix AZ 85038-9079

CHECK ONE  
Original ☐ Amended ☐  
CHECK ONE  
Calendar year ☐ Fiscal year ☐

Business telephone number ( )	Please print or type	Name	Federal employer ID number
		Number and street	AZ withholding tax number
		City or town, state and ZIP code	AZ transaction privilege tax number

**NOTE: If total income does not exceed \$25,000, this return is not required.**Check box if: ☐ This is a first return ☐ Name change ☐ Address change

Information A Date Arizona operations began \_\_\_\_\_

B Date of letter granting exemption from Arizona income tax \_\_\_\_\_

C Nature of business income activity \_\_\_\_\_

D If you file an Arizona Form 99T, enter taxable income attributable to Arizona  
from Form 99T, line 3 \$ \_\_\_\_\_E Check federal form filed: ☐ 990 ☐ Other, specify \_\_\_\_\_

Enclose copy of federal form with this return.

For DOR use only

[88]

[81]

[66]

Sources of Income	1	Gross sales or receipts from business activities .....	1		00	12	00
	2	Less: Cost of goods sold or of operations - <i>attach itemized statement</i> .....	2		00		
	3	Gross profit from business activities - <i>subtract line 2 from line 1</i> .....	3		00		
	4	Interest .....	4		00		
	5	Dividends .....	5		00		
	6	Rents and royalties .....	6		00		
	7	Gain or (loss) from sale of assets, excluding inventory items .....	7		00		
	8	Dues, assessments, etc., from members .....	8		00		
	9	Dues, assessments, etc., from affiliated organizations .....	9		00		
	10	Contributions, gifts, grants, etc., received .....	10		00		
	11	Other income - <i>attach itemized statement</i> .....	11		00		
	12	Total income - <i>add lines 3 through 11</i> .....	12		00		
Administrative Expenses	13	Compensation of officers, directors, trustees, etc. ....	13		00	20	00
	14	Salaries and wages - <i>other than amounts included on line 2</i> .....	14		00		
	15	Interest .....	15		00		
	16	Taxes .....	16		00		
	17	Rent expense .....	17		00		
	18	Depreciation - <i>attach schedule</i> .....	18		00		
	19	Miscellaneous expenses - <i>attach itemized statement</i> .....	19		00		
	20	Total expenses - <i>add lines 13 through 19</i> .....	20		00		
	Disbursements from Current Income for the Organization's Exempt Purposes	21	Dues, assessments, etc., to affiliated corporations .....	21			
22		Contributions, gifts, grants, etc., paid .....	22		00		
23		Benefit payments to or for members or their dependents:					
a.		Death, sickness, hospitalization, disability, or pension benefits .....	23a		00		
b.		Other benefits .....	23b		00		
24		Dividends and other distributions to members, shareholders, or depositors .....	24		00		
25		Other .....	25		00		
26	Total - <i>add lines 21 through 25</i> .....	26		00			
Disbursements from Principal for the Organization's Exempt Purposes	27	Dues, assessments, etc., to affiliated corporations .....	27		00	32	00
	28	Contributions, gifts, grants, etc., paid .....	28		00		
	29	Benefit payments to or for members or their dependents:					
	a.	Death, sickness, hospitalization, disability, or pension benefits .....	29a		00		
	b.	Other benefits .....	29b		00		
	30	Dividends and other distributions to members, shareholders, or depositors .....	30		00		
	31	Other .....	31		00		
32	Total - <i>add lines 27 through 31</i> .....	32		00			
Other	33	Other disbursements not itemized above - <i>attach schedule</i> .....	33		00	34	00
Accumulation of Income	34	Accumulation of income in current year - <i>line 12 minus the sum of lines 20, 26, 32, and 33</i> .....	34		00		
	35	Accumulation of income at beginning of year .....	35		00		
	36	Accumulation of income at end of year - <i>add lines 34 and 35</i> .....	36		00		
Penalty	37	Penalty for late filing or incomplete filing (\$500.00) .....	37		00		

THE EXEMPT ORGANIZATION IS SUBJECT TO A \$500 PENALTY IF THIS RETURN IS FILED LATE OR HAS NOT BEEN COMPLETED. ARS SECTION 42-136J

## Schedule A Balance Sheet

Note: Amounts used in attached schedules and in description column should be end of year amounts.				(a) Beginning of year			(b) End of year	
<b>Assets</b>								
A1	Cash .....			00		A1		00
A2a	Accounts receivable .....	A2a	00			A2c		
b	Less: allowance for doubtful accounts .....	A2b	00	00				00
A3a	Other notes and loans receivable - <i>attach schedule</i> .....	A3a	00			A3c		
b	Less: allowance for doubtful accounts .....	A3b	00	00				00
A4	Inventories .....			00		A4		00
A5	Investments - securities - <i>attach schedule</i> .....			00		A5		00
A6	Investments - other - <i>attach schedule</i> .....			00		A6		00
A7a	Land, buildings, and equipment; basis .....	A7a	00			A7c		
b	Less: accumulated depreciation - <i>attach schedule</i> .....	A7b	00	00				00
A8	Other assets - <i>describe</i> .....			00		A8		00
A9	<b>Total assets - add lines A1 through A8</b> .....			00		A9		00
<b>Liabilities</b>								
A10	Accounts payable and accrued expenses .....			00		A10		00
A11	Mortgages and other notes payable - <i>attach schedule</i> .....			00		A11		00
A12	Other liabilities - <i>describe</i> .....			00		A12		00
A13	<b>Total liabilities - add lines A10 through A12</b> .....			00		A13		00
<b>Net Assets</b>								
A14	Capital stock or trust principal .....			00		A14		00
A15	Paid-in or capital surplus .....			00		A15		00
A16	Retained earnings or accumulated income .....			00		A16		00
A17	<b>Total net assets - add lines A14 through A16</b> .....			00		A17		00
A18	<b>Total liabilities and net assets - add lines A13 and A17</b> .....			00		A18		00

## Certification

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is a true, correct and complete return, made in good faith, for the taxable year stated pursuant to the income tax laws of the State of Arizona.

Please  
Sign here

Signature of officer

Date

Title

Paid  
Preparer's  
Use Only

Preparer's signature

Date

Firm's name (or preparer's, if self-employed)

Preparer's TIN

Firm's address

ZIP code